EPA Form T2070-5 (10-79)

## FINAL STRATEGY DETERMINATION

| REGION | 154 | TE | NUM |
|--------|-----|----|-----|

Continue On Reverse

| System: , Hazardous Waste Enforcement Task Forc   | e (EN-335); 401 M                           | St., SW; Wash                         | ington, DC           | 20460.      |                                       |                                       |             |
|---|---|---------------------------------------|----------------------|-------------|---------------------------------------|---------------------------------------|-------------|
|   | I. SITE IDENT                               |                                       | TXI                  | 980         | 6263                                  | 552                                   | f           |
| ATHENS CITY of LANDE  | 1LL)  | B. STREET W.                          | Colle                | ye 51       | <b>_</b>                              |                                       |             |
| C. CITY   |   | D. STATE                              |                      | 4           | E. ZII                                | CODE                                  |             |
| ATHEN S   |   | TX                                    |                      |             |                                       | 1255                                  |             |
| Indicate the recommended action(s) and agency(ie  | II. FINAL DETE                              |                                       | bing (Y) :-          | . the       | neiato ho                             |                                       |             |
| indicate the recommended action(s) and agency()e  | s) that should be i                         | nvolved by man                        | King A ir            | i the appro | ACTION A                              |                                       |             |
| RECOMMENDATION  | · ·   |                                       | MARK'X'              | EPA         | STATE                                 | LOCAL                                 | PRIVATE     |
| A. NO ACTION NEEDED   |   |                                       | X                    | -           |                                       |                                       |             |
| B. REMEDIAL ACTION NEEDED, BUT NO RESOURCE (II yes, complete Section III.)  | ES AVAILABLE                                | · · · · · · · · · · · · · · · · · · · |                      |             |                                       |                                       |             |
| C. REMEDIAL ACTION (If yee, complete Section IV.)   |   |                                       |                      |             |                                       |                                       |             |
| D. ENFORCEMENT ACTION (If yea, specify in Part E managed by the EPA or the State and what type of e                 | whether the case wi<br>nforcement action is | Il be primarily<br>anticipated.)      |                      |             |                                       |                                       |             |
| E. RATIONALE FOR FINAL STRATEGY DETERMINA   | TION  |                                       |                      |             | <u> </u>                              |                                       |             |
| Close & municiple<br>minurage l   | ladfi                                       | le re                                 | cen                  | j n         | Ly .                                  |                                       |             |
| 20.000  | Oliver                                      |                                       |                      |             | O                                     |                                       |             |
| munger  | equit                                       |                                       |                      |             |                                       |                                       |             |
|   | <b>.</b>                                    |                                       |                      |             |                                       |                                       |             |
| F. IF A CASE DEVELOPMENT PLAN HAS BEEN PRE  | PARED, SPECIFY                              |                                       |                      |             | BEEN FIL                              | ED. SPECI                             | FY THE      |
| THE DATE PREPARED (mos, day, & yrs)   |   | DATE FILE                             | U (mo., day,         | . 32 yr.).  | _                                     |                                       |             |
|   |   |                                       |                      | · · · · ·   |                                       |                                       |             |
| H. PREPARER INFORMATION  1. NAME  |   | 2. TELEPHON                           | E NUMBER             | ı           | 1 3.04                                | ATE(mo., da                           | y, & yr.) . |
| A. L. GAMONEM GAW-S   |   | 214/7                                 | 67-40                | 076         | 9                                     | -26-8                                 | ا ح         |
| III. REMEDIAL ACTIONS   | TO BE TAKEN WE                              | <del></del>                           | <del></del>          |             | ABLE                                  |                                       |             |
| List all remedial actions, such as excavation, ref<br>for a list of Key Words for each of the actions to<br>remedy. |   |                                       |                      |             |                                       |                                       |             |
| A. REMEDIAL ACTION  | 8. ESTIMAT                                  | ED COST                               |                      | c.          | REMARKS                               |                                       |             |
| ~ .   | s   |                                       |                      |             |                                       |                                       |             |
|   | <u> </u>                                    |                                       |                      |             | · · · · · · · · · · · · · · · · · · · |                                       |             |
|   | s   |                                       | •                    |             |                                       |                                       |             |
| •   | s ·   | **.                                   |                      | ·           |                                       | · · · · · · · · · · · · · · · · · · · |             |
|   | s   |                                       | ·                    |             |                                       |                                       |             |
|   | <u>s</u>                                    |                                       |                      |             |                                       |                                       |             |
|   | s   |                                       |                      | . SU        | PERFUN                                | ID FILE                               |             |
| •   | s   | ·                                     |                      | S           | EP 15                                 | 1992                                  |             |
|   | s   | 400050                                | `                    | R           | EORGAN                                | NIZED                                 |             |
| D. TOTAL ESTIMATED COST \$  | 9   | 490950                                | )<br>Billi Bell (Sel |             |                                       |                                       |             |

| IV | 0 | = 14 | EDI | A I | CT1 | ONC |
|----|---|------|-----|-----|-----|-----|

|           | restrict access,                           | provide alter                            |   | • •     | ns for a list of Key Words for each of   |
|-----------|--|--|---|---------|--|
| 1. ACTION | 2. ACTION<br>START<br>DATE<br>(mo,day,&yr) | 3. ACTION<br>END<br>DATE<br>(mo,day,&yr) | 4.<br>ACTION AGENCY<br>(EPA, State,<br>Private Party) | 5. COST | 6. SPECIFY 311 OR OTHER ACTION:<br>INDICATE THE MAGNITUDE OF<br>THE WORK REQUIRED. |
|           |  |  | ·   | s ·     | , .  |
|           |  |  |   |         |  |

B. LONG TERM STRATEGY (On Site and Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

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| 1. ACTION | 2. ACTION<br>START<br>DATE<br>(mo.day,&yr) | 3. ACTION<br>END<br>DATE<br>(mo,day,&yr) | 4. ACTION AGENCY (EPA, State Private Party) | s. cost | 6. SPECIFY 311 OR OTHER ACTION:<br>INDICATE THE MAGNITUDE OF<br>THE WORK REQUIRED. |
|-----------|--|--|---|---------|--|
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| -         |  | \ .                                      |   | s       |  |
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|           |  |  |   | s '     |  |

## C. MANHOURS AND COST BY ACTION AGENCY

| 1. ACTION AGENCY    | 2. TOTAL MAN-<br>HOURS FOR<br>REMEDIAL ACTIVITIES | 3. TOTAL COST FOR REMEDIAL ACTIVITIES |  |  |
|---------------------|---|---------------------------------------|--|--|
| a. EPA              |   | s                                     |  |  |
| b. STATE            |   | s ·                                   |  |  |
| c. PRIVATE PARTIES  |   | \$                                    |  |  |
| d. OTHER (specify): |   | s                                     |  |  |

EPA Form T2070-5 (10-79) REVERSE

SUPPRESIDE FOR

110 线 种原生

HIVE SHELL